

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS381AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2008
NAME OF PROVIDER OR SUPPLIER ST BERNADETTE GROUP CARE 1		STREET ADDRESS, CITY, STATE, ZIP CODE 3300-B OLIVE STREET LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 10/14/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for 4 total beds.</p> <p>The facility was licensed as a four (4) beds, Residential Facility for Groups which provides care to elderly or disabled persons, and persons with mental illnesses, Category I residents.</p> <p>The census at the time of the survey was four (4) residents.</p> <p>Four (4) of four (4) resident files were reviewed.</p> <p>Two (2) of two (2) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 085 SS=H	449.199(1) Staffing-CG on duty all times	Y 085		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 085	<p>Continued From page 1</p> <p>NAC 449.199</p> <p>1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 10/14/08 the administrator failed to ensure there was at least one (1) caregiver on the premises if one or more residents were present at the facility.</p> <p>Findings include:</p> <p>Observation:</p> <p>On 10/14/08 at 1:05 PM when the surveyors arrived at the St Bernadette Group Care I facility, the caregiver from the adjoining facility, St Bernadette Group Care II, introduced himself and came and unlocked the front door. There were two (2) residents on the premises at the time of arrival. The caregiver from St Bernadette II stated Employee #1, the caregiver for St Bernadette I, was not home because he had taken a resident to the doctor.</p> <p>On 10/14/08 at 1:20PM, Employee #1(hired 9/10/06) and Employee #2 (hired 6/1/93) for St Bernadette I arrived at the facility.</p> <p>There was no qualified caregiver observed on the premises to provide care, assistance and limited supervision to 2 of 4 residents.</p>	Y 085		

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Y 085	Continued From page 2 Interview: Employee #1 stated he had left the facility to take a resident to the doctor. Employee #2 repeated Employee #1's statement. Severity: 3 Scope: 2	Y 085		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure resident files were maintained in a locked cabinet. Findings include: Four (4) of four (4) resident files were not locked in the filing cabinet located in the facility's living area. The filing cabinet lacked a lock or locking mechanism.	Y 936		

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Y 936	Continued From page 3 Severity: 2 Scope: 1	Y 936			

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